PTO/SB/06 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD CLAIMS AS FILED - PART I **SMALL ENTITY** SMALL ENTITY (Column 2) (Column 1) NUMBER FILED NUMBER EXTRA RATE FEE **RATE** FEE s 740 BASIC FEE OR \$ (37 CFR 1.16(a)) TOTAL CLAIMS minus 20 = OR (37 CFR 1.16(c)) INDEPENDENT CLAIMS minus 3 = = OR (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR 740,40d TOTAL TOTAL OR * If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL AMENDMENT AFTER PREVIOUSLY **EXTRA** FEE FEE AMENDMENT PAID FOR OR Total = Minus x \$ (37 CFR 1.16(c)) OR Independent Minus (37 CFR 1.16(b)) OR (37 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 3) (Column 2) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING PRESENT NUMBER **RATE** TIONAL TIONAL **RATE** AMENDMENT **AFTER EXTRA PREVIOUSLY** FEE FEE AMENDMENT PAID FOR OR Total (37 CFR 1.16(c)) Minus OR Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL TIONAL **RATE** AMENDMENT AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total (37 CFR 1.16(c)) Minus = x \$ x S OR Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR • If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
•• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ADDIT. FEE ADDIT. FEE *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in columnf-1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

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PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999													
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER SMALL	
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE] [RATE	FEE
BASIC FEE									2/4	345.00	OR		690.00
TOTAL CLAIMS			12	/2 minus 20=		*			X\$ 9=		OR	X\$18=	
	EPENDENT CL		minus 3 =		3 =	*			X39=	6	OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT								-	-130=		OR	+260=	200
* If the difference in column 1 is less than zero, enter "0" in column 2								T	OTAL		OR	TOTAL	950
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								S	OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT A	\mathcal{B}	CLA REMA AFI AMENI	INING ER		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	· /	/	Minus .	**	20	=	;	(\$ 9 =		OR	X\$18=	
AME	Independent	ENTATION OF M		Minus	***	* 3	=		X39=		OR	X78-	
	FINOI PRESEI	NIAHO	N OF MI	JEHPLE DEP	CINL	JENT CLAIM			-130=		OR	+260=	
	•							ADI	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
			mn 1)			Column 2)	(Column 3)	_	; 		- ·		
AMENDMENT B		REMA AF	IIMS IINING FER DMENT		Pi	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	f	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**	· · · · · · · · · · · · · · · · · · ·	=)	K\$ 9=	<u>. </u>	OR	X\$18=	
	Independent FIRST PRESE	*	N OE M	Minus	**	TENT OLAIM	=	7	X39=		OR	X78=	
			A OF IN		LINL	JEN LOLAIM		+	130=		OR	+260=	
								ADI	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
Ŀ	(Column 1) (Column 2) (Column 3)								٠				
AMENDMENT C	Parker.	REMA AF	IIMS INING FER OMENT		. Pf	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=	>	(\$ 9= ·		OR	X\$18=	
	Independent	*	NOCA	Minus	**		=		X39=		OR	X78=	·
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								130=		•	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+200= TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box												ADDIT, FEE	
	The "Highest Num	ber Prev	iously Pai	id For" (Total o	r Inde	ependent) is the	highest number	r found	in the ap	propriate bo	x in co	lumn 1.	•

Application or Docket Number